

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BH	600245	7-6-98
O.I.P.E. CLASSIFIER			7-7-10-98
FORMALITY REVIEW		7435 10861	7-17-98 10/29

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	10/10/98
Original	6/10/98
1 ✓	
2 ✓	
3 ✓	
4 ✓	
5 ✓	
6 ✓	
7 ✓	
8 ✓	
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46 ✓	
47 ✓	
48 ✓	
49 ✓	
50 ✓	

Claim	Date
Final	
Original	
54 ✓	
52 ✓	
53 ✓	
55 ✓	
56 ✓	
57 J	
58 J	
59 ✓	
60 ✓	
61 ✓	
62 ✓	
63 ✓	
64 ✓	
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99 ✓	
100 ✓	

Claim	Date
Final	
Original	
110 ✓	
112 ✓	
113 ✓	
114 ✓	
115 ✓	
116 ✓	
117 ✓	
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145 ✓	
146 ✓	
147 ✓	
148 ✓	
149 ✓	
150 ✓	

If more than 150 claims or 10 actions  
staple additional sheet here

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Best Available Copy